| Under the Paperwor   | k Reduction Act of 1995, no perso                           | ons are required t | o respond to a collec  | tion of information un | less it contains a | a valid OME              | control number |  |
|--|---|--------------------|------------------------|------------------------|--------------------|--------------------------|----------------|--|
| DECI   | LARATION  |                    | Attorney Do            | JBP-571                |                    |                          |                |  |
|  | AND<br>OF ATTORNEY  |                    | First Named            | Wiegand                |                    |                          |                |  |
|  | ITY OR DESIGN   |                    |                        | COMPLE                 | E IF KNOV          | E IF KNOWN               |                |  |
|  | APPLICATION<br>CFR 1.63)                                    |                    | Application I          | Number                 |                    |                          |                |  |
| ☑ Declaration Submitted with<br>Initial Filing   | Declaration Subn<br>Initial Filing (Sur<br>(37 CFR 1.16(e)) | rcharge            | Filing Date            |                        |                    |                          |                |  |
|  |   | required)          | Group Art U            | nit                    |                    |                          |                |  |
|  | Examiner Name   |                    |                        |                        |                    |                          |                |  |
| As a below named inventor  | r, I hereby declare that                                    | t                  |                        |                        |                    |                          |                |  |
| My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  |   |                    |                        |                        |                    |                          |                |  |
| METHOD FOR REDUCING ACNE OR IMPROVING SKIN TONE (Title of the Invention)   |   |                    |                        |                        |                    |                          |                |  |
| the specification of which   |   |                    |                        |                        |                    |                          |                |  |
| is attached hereto   |   |                    |                        |                        |                    |                          |                |  |
| OR   |   |                    |                        |                        |                    |                          |                |  |
| was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)  |   |                    |                        |                        |                    |                          |                |  |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.   |   |                    |                        |                        |                    |                          |                |  |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.  |   |                    |                        |                        |                    |                          |                |  |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for paten or inventor's certificate, or any PCT international application having a filling date before that of the application on which priority is claimed. |   |                    |                        |                        |                    |                          |                |  |
| Prior Foreign<br>Application<br>Number(s)  | Country   |                    | Filing Date<br>D/YYYY) | Priority<br>Not Claime | d                  | Certifie<br>Attac<br>YES |                |  |
|  |   |                    |                        |                        |                    |                          |                |  |
| A  |   |                    |                        |                        |                    |                          |                |  |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:  |   |                    |                        |                        |                    |                          |                |  |
|  |   |                    |                        |                        |                    |                          |                |  |

| DECLARATION - Utility or Design Patent Application   |                                     |   |  |  |  |  |  |
|--|-------------------------------------|---|--|--|--|--|--|
| I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.  |                                     |   |  |  |  |  |  |
| Application Number(s)<br>60/256,813  | Filing Date (MM/DD/YYYY) 12/20/2000 | Additional provisional application numbers are listed on a supplemental prority data sheet PTO/SB/02B attached hereto |  |  |  |  |  |
| Thereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1,56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: |                                     |   |  |  |  |  |  |
| Application Serial No.   | Filing Date                         | Status  |  |  |  |  |  |
|  |                                     | Patented<br>Patented<br>Patented  |  |  |  |  |  |
| I hereby appoint:  |                                     |   |  |  |  |  |  |
| Place Customer  Practitioners at Customer Number 000027777   |                                     |   |  |  |  |  |  |
| Practitioner(s) named below:  Name  Registration Number  Registration Number  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United  |                                     |   |  |  |  |  |  |
| States Patent and Trademark Office connected therewith.  |                                     |   |  |  |  |  |  |
| Address all telephone calls to at telephone number (732) S24-  |                                     |   |  |  |  |  |  |
| Customer Number  Direct all correspondence to:   |                                     |   |  |  |  |  |  |
| Address:   |                                     |   |  |  |  |  |  |
| Address:   |                                     |   |  |  |  |  |  |
| City:  | State:                              | ZIP   |  |  |  |  |  |
| Country  | Telephone:                          | Fax:  |  |  |  |  |  |

| I hereby declare that all statements made information and belief are believed to be that willful false statements and the like sc U.S.C. 1001 and that such willful false statissued thereon.   | rue; and further<br>made are pun  | that these ishable by t | stat<br>fine   | tements were r<br>or imprisonme | made with the knowledge<br>ent, or both, under 18 |  |
|---|---|-------------------------|----------------|---------------------------------|---|--|
| NAME OF SOLE OR FIRST INVENTOR:   | NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor |                         |                |                                 |   |  |
| Given Name<br>(first and middle [if any]) Benjamin  | Wiegand   |                         |                |                                 |   |  |
| Inventor's<br>Signature   |   |                         |                | Date                            |   |  |
| Residence: CityNewtown  | State PA  | Co                      | untr           | ntry USA Citizenship USA        |   |  |
| Mailing Address 2028 Farmview Drive   |   |                         |                |                                 |   |  |
| City Newtown  | City Newtown State PA   |                         |                | ZIP 18940 Country USA           |   |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |   |                         |                |                                 |   |  |
| NAME OF SECOND INVENTOR:  | ☐ Ape   | etition has bee         | n file         | ed for this unsigne             | ed inventor                                       |  |
| Given Name Family Name or Surname McCulloch   |   |                         |                |                                 |   |  |
| Inventor's<br>Signature   |   |                         |                | Date                            |   |  |
| Residence: CityCedar Knolls   | State NJ  | Co                      | Country USA    |                                 | CitizenshipUSA                                    |  |
| Mailing Address 11 Manger Road  |   |                         |                |                                 |   |  |
| City Cedar Knolls   | State NJ  |                         | <b>&gt;</b> 07 |                                 | Country USA                                       |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |   |                         |                |                                 |   |  |
| NAME OF THIRD INVENTOR:   | ☐ Ape   | etition has bee         | en file        | ed for this unsigne             | ed inventor                                       |  |
| Given Name<br>(first and middle [if any]) Rachel  |   | Family Nan              |                | Grossman                        |   |  |
| Inventor's<br>Signature   |   |                         |                | Date                            |   |  |
| Residence: CityPrinceton  | Co  | Country 08540           |                | CitizenshipUSA                  |   |  |
| Mailing Address 80 Lafayette Road   |   |                         |                |                                 |   |  |
| City Dringston  | Ctata NII   | 711                     | n 00           | 9540                            | Country 110A                                      |  |

| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on<br>information and belief are believed to be true, and further that these statements were made with the knowledge<br>that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18<br>U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent<br>issued thereon. |  |          |                                 |             |                     |                 |  |
|---|--|----------|---------------------------------|-------------|---------------------|-----------------|--|
| NAME OF FOURTH INVENTOR:  | ☐ A petition has been filed for this unsigned inventor |          |                                 |             |                     |                 |  |
| Given Name  |  |          | Family Name<br>or Surname Halas |             |                     |                 |  |
| Inventor's<br>Signature   |  |          |                                 |             | Date                |                 |  |
| Residence: City Ewing   |  |          |                                 | Country USA |                     | Citizenship USA |  |
| Mailing Address 123 Tulip Lane  |  |          |                                 |             |                     |                 |  |
| City Ewing  |  | State NJ |                                 | ZIP 08      |                     | Country USA     |  |
| Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.              |  |          |                                 |             |                     |                 |  |
| NAME OF FIFTH INVENTOR:   | A petition has been filed for this unsigned inv        |          |                                 |             | d inventor          |                 |  |
| Given Name Family (first and middle [if any]) or Sun  |  |          |                                 |             |                     |                 |  |
| Inventor's<br>Signature   |  |          |                                 |             | Date                |                 |  |
| Residence: City   |  |          |                                 | Country     |                     | Citizenship     |  |
| Mailing Address   |  |          |                                 |             |                     |                 |  |
| City State  |  | State    |                                 | ZIP         |                     | Country         |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.             |  |          |                                 |             |                     |                 |  |
| NAME OF SIXTH INVENTOR:   |  | □ Ap     | etition ha                      | s been fi   | led for this unsign | ed inventor     |  |
| Given Name Family (first and middle [if any]) or Surr   |  |          |                                 |             |                     |                 |  |
| Inventor's Signature Date   |  |          |                                 |             |                     |                 |  |
| Residence: City   |  |          |                                 | Country     |                     | Citizenship     |  |
| Mailing Address   |  |          |                                 |             |                     |                 |  |
| City  |  | State    |                                 | ZIP         |                     | Country         |  |
|   |  |          |                                 |             |                     |                 |  |